



**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

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**DEPARTMENT OF HEALTH
3500 ESTATE RICHMOND – CHRISTIANSTED, VI 00820-4370**

**VIRGIN ISLANDS
BOARD OF PHYSICAL THERAPY**

**Ph. 340-718-1311 XT 3647/3849 (STX)
340-774-7477 XT 5694 (STT)**

Dear Applicant:

The Board is in receipt of your request for information regarding Physical Therapy/Physical Therapy Assistant licensure in the U.S. Virgin Islands.

United States trained graduates with a degree from an accredited school of Physical Therapy/Physical Therapy Assistant recognized by the Federation of State Boards of Physical Therapy (FSBPT) and a valid state license may be considered for licensure in the Virgin Islands.

All new graduates who have not taken the national Physical Therapy/Physical Therapy Assistant licensure examination administered by FSBPT in another state and foreign trained graduates are required to complete the examination.

Foreign trained graduates are also required to meet all applicable requirements of the U.S. Immigration and Naturalization Service.

Enclosed is an application form and the requirements for licensure in the U.S. Virgin Islands.

Your interest is appreciated. If we can be of further assistance, please do not hesitate to contact the Office of Professional Licensure and Health Planning by calling (340)718-1311 extension 3647 or 3849.

Sincerely,

Venné S. Williams, DPT
Secretary
V.I. Board of Physical Therapy

Enclosures



Virgin Islands Board of Physical Therapy Application for Licensure and Examination

Requirements for Physical Therapy/Physical Therapy Assistant licensure and examination in the U.S. Virgin Islands:

Application for license shall be sent to the Chairperson, Board of Physical Therapy, **3500 Estate Richmond, Christiansted, VI 00820-4370**. The applicant shall comply with the following requirements:

- Submit application on the form prescribed by and obtainable from the Board of Physical Therapy. All documents must be accompanied by a notarized translation in English.
- If not born in the United States, submit copy of passport visa/green card.
- Be a graduate of an accredited school of Physical Therapy/Physical Therapy Assistant recognized by the Federation of State Boards of Physical Therapy. Documents attesting to the above must be furnished. This is to include diploma, official transcript, degree and date of graduation.
- Submit National Physical Therapy/Physical Therapy Assistant Examination Test Scores.
- Submit two (2) letters of recommendation currently dated within six months of application date. Letters must be from either the school director of your Physical Therapy/Physical Therapy Assistant program or a licensed Physical Therapist/Physical Therapist Assistant familiar with your work.
- Submit a chronological account of all time spent between the date of graduation from your Physical Therapy/Physical Therapy Assistant school and the time of this application. The Board reserves the right to verify all employment and may request a personal interview.
- Submit a recent and dated unmounted photograph of passport size of yourself, autographed across the back.
- Submit a signed, notarized, non-addiction statement that applicant is not addicted to or practices intemperate use of alcoholic stimulants or narcotic drugs.
- Submit a non-refundable application fee of \$15.00.

Foreign Trained Applicants

In addition to the above requirements, Foreign trained applicants, irregardless of possession of a U.S. license to practice Physical Therapy/ or as a Physical Therapy Assistant must obtain a "Credential Evaluation" to be completed and supplied by the following agency

Foreign Credentialing Commission of Physical Therapy, Inc. (FCCPT)

PO Box 2587

Alexandria, VA 22313-9998

Telephone: 703-684-8406 FAX: 703-684-8715

The Board reserves the right to require the applicant to take and pass the **TOEFL** to demonstrate competency in the English language.

Endorsement Applications

If you have ever been licensed to practice as a Physical Therapist/Physical Therapist Assistant in another state, you must make arrangements with each state to send verification of your licensure status, either current or expired, directly to the Virgin Islands Board of Physical Therapy. A copy of your license from another state is not acceptable as verification. The verification **must** also have the state seal.

It will be your responsibility to notify the state and pay any fees required by the licensing state.

You are responsible for having your test scores and verification of passing transmitted directly to the VI Board.

Computerize National Licensure Examination

After a candidate's application is considered approved by the V.I. Board of Physical Therapy, he/she will have to register via our office to take the Computerize National Licensure Examination.

All foreign graduates and graduates of schools not approved by the American Physical Therapy Association must complete the Computerize National Licensure Examination.

The Board currently uses the passing standard as recommended by the Federation of State Boards of Physical Therapy.

After a candidate passes the examination and is, in the opinion of the Board of Physical Therapy/ of good moral character, the Board shall issue him/her a license. Such a license shall be registered in the Office of the Commissioner of Health within thirty (30) days of issuance and shall thereafter be conclusive evidence of his/her right to practice in the U.S. Virgin Islands.

Failure to pass two (2) consecutive examinations will require the candidate to take additional education course(s). Evidence of taking such course(s) must be presented to the Board before re-examination.

Licensure Status

A bi-annual renewal fee of **\$160.00**, proof of VI malpractice coverage (Physical Therapists), and a **current** VI tax clearance letter from the VI Internal Revenue Bureau must accompany your renewal application form due on or before November 15th of each licensure year.

Licensure can be placed on inactive status upon written request and at no charge. Upon notification to the Board, a license may be reactivated with a renewal fee for that current year and satisfactory proof that he/she was actively engaged in practice during the interval.

Notification to the Board of all address changes must be provided promptly.

It is advisable to seek licensure at least three months prior to employment.

Tax Clearance Letter

All approved applications must submit a tax clearance letter issued by Virgin Islands Internal Revenue Bureau (VIIRB) to register and activate your license.

LIC1-Tax Clearance Forms

http://vibir.gov/pdfs/Tax_Clearance_Application_Rev_022014.pdf

LIC1A- Affidavit Form

http://vibir.gov/pdfs/Form_Lic1A.pdf

Return Application to: **V.I. Board of Physical Therapy
VI Department of Health
3500 Estate Richmond
Christiansted, VI 00820-4370**

Licensure Information

State in which you are licensed

- _____ Lic. No. _____ Date _____ Status _____
- _____ Lic. No. _____ Date _____ Status _____

Have you ever had your license revoked, suspended or denied? _____

If yes, please explain: _____

Do you currently have any pending or unresolved complaints/actions? _____

If yes, please explain: _____

Professional Information

Attach resume. Beginning with most recent, list all places of employment, position held, and include all dates.

Affidavit of Applicant

I, _____ depose and state that I am the person referred to in the foregoing application and supporting documentation. The attached photograph is a true likeness of myself and I have never been convicted of a crime involving moral turpitude. I am of a good moral character and have not treated or undertaken to treat ailments other than by Physical Therapy/Physical Therapy Assistant as authorized.

I hereby authorize all hospital(s), institution(s), or organization(s), personal physicians, employers (past and present), and all government agencies and instrumentalities (local, state or federal) to release to the Virgin Islands Board of Physical Therapy any information, which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Physical Therapist/Physical Therapist Assistant in the United States Virgin Islands.

Signature of Applicant

Date

Sworn to before me this _____ day of _____

Notary Public

My Commission expires on ____/____/____



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DEPARTMENT OF HEALTH**

**VIRGIN ISLANDS
BOARD OF PHYSICAL THERAPY**

**Ph. 340-718-1311 x 3647
Fax: 340-718-1376**

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for licensure for the practice of Physical Therapy/Physical Therapy Assistant in the United States Virgin Islands, I hereby authorize and consent to the release of any and all information requested by the Virgin Islands Board of Physical Therapy.

Additionally, I release from liability any hospital or agency releasing such information to the Physical Therapy Board in good faith.

Name of Applicant (Print)

Date

Signature of Applicant

Subscribed and sworn to before me this ____ day of _____

Notary Public

My Commission expires on ____/____/____

VERIFICATION OF LICENSURE

Applicant: Complete the applicant section of this form and forward to the state(s) in which you are now or have ever been licensed to practice Physical Therapy/ or as a Physical Therapy Assistant. If needed, you may copy this form for additional copies.

TO WHOM IT MAY CONCERN:

I am being considered for Physical Therapy/Physical Therapy Assistant licensure in the Territory of the United States Virgin Islands. The Virgin Islands Board of Physical Therapy requires that this form be completed by each state in which I am now or have ever been licensed to practice my profession. Enclosed is my authorization for release of information. Please forward this form directly to the **Virgin Islands Board of Physical Therapy, Department of Health, 3500 Estate Richmond, Christiansted, VI 00820-4370.**

Applicant Signature

Address

My license Number in your state

THIS SECTION TO BE COMPLETED AND SIGNED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE VI BOARD OF PHYSICAL THERAPY.

State of _____

Full Name of Licensee _____

License No. _____

Issuance Date _____

Licensed By: ☐ Examination
☐ Endorsement/Reciprocity
☐ Waiver

License Status: ☐ Active
☐ Inactive
☐ Lapsed

Date licensed expires _____

If licensed by endorsement, please indicate state licensee was endorsed from _____

Is license current and in good standing? _____ If No, furnish details _____

Has any disciplinary action ever been taken, or is any action pending against the above named licensee? _____. If yes, please furnish details.